



PLAN OVERVIEW

HNE Medicare Advantage Premium (HMO)

Large Employer Group Solution

Calendar Year 2010





LARGE EMPLOYER GROUP SOLUTION

HNE Medicare Advantage Premium (HMO)

Inpatient Hospital Care	\$200 per admission
Skilled Nursing Facility	Days 1 - 10; \$0 copayment Days 11 - 100; \$25 copayment per day
Doctor's Office Visits	\$10 copayment
Specialist Office Visit	\$10 copayment
Outpatient Mental Health Care and Substance Abuse Care	\$10 copayment for each individual or group visit
Outpatient Services/Surgical	\$100 copayment
Ambulance Services	\$50 copayment
Emergency <i>(Waived if admitted directly from ER)</i>	\$50 copayment
Outpatient Rehabilitation Services	\$10 copayment
Vision/Hearing Exams	\$10 copayment \$100 allowance for prescription eyeglasses every two years
Dental Services	\$150 allowance for dental services every year
Fitness/Weight Watcher®	\$150 allowance every year
Diagnostic Tests, Xrays, and Lab Services	\$0 copayment
Durable Medical Equipment & Prosthetics	\$0 copayment
Out-of-Pocket Maximum	\$3,400
Prescription Drugs (Listed as Generic, Formulary, and Non-Formulary)	\$10/\$25/\$45 Mail Order \$20/\$50/\$90 Copayments for prescriptions filled at a Plan Pharmacy reflect up to a 30-day supply. Copayments for prescriptions filled through mail order reflect up to a 90-day supply of maintenance medication.